

TOBACCO SALES



ESTABLISHMENT

New Renewal

Business Name _____
Address _____
City Mendota Heights State MN Zip 551 Phone Number _____
Website _____ Email _____

OWNERSHIP

Business Legal Name _____
 Corporation Ltd Liability Corp Partnership Ltd Partnership Sole Proprietor Trust
Address _____
City _____ State _____ Zip _____ Phone Number _____
Minnesota Tax ID _____ Federal Tax ID _____

MANAGER

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Email _____
Title _____

APPLICANT CHECKLIST

- Application *all sections complete, includes fee, identification, insurance state form (CT102)*
- Application *state form (CT102)*
- Fee *\$300 (application \$200 + background investigation \$100)*
- Identification *government-issued; photocopy of front and back (manager)*
- Insurance *workers compensation certificate of compliance (LIC04)*
- Review *MNDOR Fact Sheet
Mendota Heights City Code*

TO BE COMPLETED BY MENDOTA HEIGHTS CITY CLERK:

APP REC'D _____

APP COMPLETE _____

TO PD _____

PD COMPLETE _____

CC _____

LIC SENT _____

TOBACCO SALES



CITY OF
MENDOTA HEIGHTS

Business Name _____

COMPLETE THIS PAGE FOR EACH OWNER, APPLICANT, AND MANAGER

ELIGIBILITY

Check the box to indicate related violations, business interest in tobacco, and description below.

Name (Owner Manager Applicant) _____

Date of Birth _____

<input type="checkbox"/> age twenty one (21) years or older	<input type="checkbox"/> true and complete application
<input type="checkbox"/> no violations of tobacco-related regulations	<input type="checkbox"/> not prohibited from holding a license
<input type="checkbox"/> no revocation of tobacco-related license	<input type="checkbox"/> no outstanding fines, penalties, taxes

VIOLATION OF TOBACCO-RELATED REGULATIONS

Past five years 2018 - 2023

Reason

City, State

Date

SUSPENDED/REVOKE TOBACCO LICENSE

Past twelve months 2022 - 2023

Reason

City, State

Date

NOTICE

Mendota Heights is collecting information from you to assess your qualifications for licensure. The information provided will be used to evaluate eligibility for licensure and conduct a criminal history check. The information you provide may be used to contact other agencies to identify violation of federal, state and local laws and ordinances. You are not legally required to complete this application; however, if you fail to do so, the city will be unable to process this application or issue a license. The information you provide is accessible to government entity users whose work assignments reasonably require access or are authorized by law or court order. We share your taxpayer identification with the Minnesota Department of Revenue.

I agree to notify the city 30-days prior to ownership or address change and 10-days prior to a manager change. I will comply with all laws and regulations, including city code. I understand the privacy notice, certify that the information on my application is true and complete, and consent to a background investigation.

Applicant Signature _____ Date _____

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

<p>Print or Type</p> <p>Applicant's Minnesota Tax ID Number</p>	<p>The Minnesota Tax ID must be issued in the same legal name of the licensee below.</p>	<p>FOR MUNICIPAL USE ONLY</p> <p>License Authority</p> <p>License Number</p> <p>Period Covered</p> <p>Date of Issuance</p>			
<p>Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):</p> <p><input type="checkbox"/> Over Counter <input type="checkbox"/> Through Vending Machine <input type="checkbox"/> Both</p>					
<p>Licensee's Legal Name</p>		<p>Federal Employer ID Number (FEIN)</p>			
<p>Business Trade Name (doing business as)</p>		<p>Daytime Phone</p>			
<p>Complete Address of Business Location (<i>permit location</i>)</p>		<p>County</p>	<p>Other Phone Number</p>		
<p>City</p>		<p>State</p>	<p>ZIP Code</p>	<p>Fax Number</p>	
<p>Mailing Address (<i>if different than business address</i>)</p>		<p>City</p>	<p>State</p>	<p>ZIP Code</p>	<p>Email Address</p>

Type of legal organization (check one):

Sole proprietor Minnesota corporation: Enter date of incorporation _____
 Partnership Out-of-state corporation: State of incorporation _____
 Other (describe) _____ Are you registered to do business in Minnesota? Yes No

Corporate officers or partners (attach a list if necessary)

Name	Title		
Address	City	State	ZIP Code
Name	Title		
Address	City	State	ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

<p>Licensee Signature <input type="text"/></p> <p>Title <input type="text"/></p> <p>Print Name <input type="text"/></p> <p>Date <input type="text"/></p> <p>Daytime Phone <input type="text"/></p> <p>Licensing Agent's Signature <input type="text"/></p> <p>Title <input type="text"/></p> <p>Print Name <input type="text"/></p> <p>Date <input type="text"/></p> <p>Daytime Phone <input type="text"/></p>				
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License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.